## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Jun 01, 2007 8:00 am Secretary of State DOCUMENT # 733903 t. Entity Name 06-01-2007 90001 013 \*\*\*\*61 25 SARASOTA-MANATEE BICYCLE CLUB, INC. Principal Place of Business Mailing Address P. O. BOX 15053 SARASOTA FL 34277 P. O. BOX 15053 SARASOTA FL 34277 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apl. #, elc 1st MOORE CR2E037 (10/06) Applied For City & State City & State 4. FEI Number 59-2500029 Not Applicable 7in Zip. Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAGERMAN, SUSAÑ Street Address (P.O. Box Number is Not Acceptable) 3431 59TH ÁVE W BRADENTON FL 34210 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 4-13-07 SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change HILE Delete HIGH Addition NAME MAME WIETHARN, LYNN STREET ADDRESS 3407 32ND ST W STREET ADDRESS CITY ST ZIP **BRADENTON FL 34205** CITY ST 7(P Defete Change Addition TD NAME NAME HAGERMAN, SUSAN STREET ADDRESS 3431 59TH AVE W STREET ADDRESS CHY ST ZIP CITY ST ZIP BRADENTON FL 34210 ши ☐ Defete HHE ☐ Change Addition SD NAML NAM HENDERSON, KARL STREET ADDRESS STREET ADDRESS 3815 72ND AVE E CHY SI-ZIP CITY ST ZIP SARASOTA FL 34243 TITLE Delete ☐ Chance ☐ Addition ۷D NAME NAME SHARAK, BOB STREET ADDRESS STREET ADDRESS 7106 BEECHMONT TERRACE CITY S1-ZIP CITY ST 7/P **BRADENTON FL 34202** Delete ☐ Change Addition HILE DATE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP TRUE Defete IIILE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS FL 34222 CITY-ST-ZIP CHY SE ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutos. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

OF SIGNING OFFICER OF DIRECTOR

FILED

3-28-07 941-780-4431